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CONFIRMATION NO. 6034

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/038,527	01/02/2002	712	2174	10342-13						
APPLICANTS Harry N. Gottlieb, Chicago, IL; Mari H. Franklin, Barrington Hills, IL; Lukass R. Franklin, Barrington Hills, IL; Jeffrey A. Barhorst, Grayslake, IL;										
** CONTINUING DATA ***** none /R.P./ 11/01/2007										
** FOREIGN APPLICATIONS ***** none /R.P./ 11/01/2007										
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/18/2002										
<table border="1"> <tr> <td> Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RYAN F PITARO/</u> <small>Examiner's signature</small> </td> <td> <input type="checkbox"/> Met after Allowance <small>Intels</small> </td> <td> STATE OR COUNTRY IL </td> <td> SHEETS DRAWINGS 12 </td> <td> TOTAL CLAIMS 64 </td> <td> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RYAN F PITARO/</u> <small>Examiner's signature</small>	<input type="checkbox"/> Met after Allowance <small>Intels</small>	STATE OR COUNTRY IL	SHEETS DRAWINGS 12	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 4
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ADDRESS BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610 UNITED STATES										
TITLE METHODS FOR IDENTIFYING CELLS IN A PATH IN A FLOWCHART AND FOR SYNCHRONIZING GRAPHICAL AND TEXTUAL VIEWS OF A FLOWCHART										
FILING FEE RECEIVED 1410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						